

SERIAL NUMBER 09/409,366	FILING DATE 09/30/99	CLASS 345	GROUP ART UNIT 2772 2174 2773	ATTORNEY DOCKET NO. INTL-0250-US
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">APPLICANT</div> <div> <p>YUE HENG XU, BEAVERTON, OR.</p> <p>**CONTINUING DOMESTIC DATA***** NONE VERIFIED <u>Cnd</u></p> <p>**371 (NAT'L STAGE) DATA***** NONE VERIFIED <u>Cnd</u></p> <p>**FOREIGN APPLICATIONS***** NONE VERIFIED <u>Cnd</u></p> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/21/99</p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Cnd</u> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Initials Initials </div> </div> <div style="width: 10%; text-align: center;"> STATE OR COUNTRY OR </div> <div style="width: 10%; text-align: center;"> SHEETS DRAWING 6 </div> <div style="width: 10%; text-align: center;"> TOTAL CLAIMS 30 </div> <div style="width: 15%; text-align: center;"> INDEPENDENT CLAIMS 5 </div> </div>				
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">ADDRESS</div> <div> TIMOTHY N TROP TROP PRUNER HU & MILES PC 8554 KATY FREEWAY STE 100 HOUSTON TX 77024 </div> </div>				
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">TITLE</div> <div> USING TWO ELECTRONIC PROGRAMMING GUIDES </div> </div>				
FILING FEE RECEIVED \$1,096	<div style="display: flex;"> <div style="flex: 1;"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: </div> <div style="flex: 1; border-left: 1px solid black; padding-left: 10px;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </div> </div>			